STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G623	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 03/27/2012

NAME OF PROVIDER OR SUPPLIER KNOX COUNTY ARC - BICKNELL 2	STREET ADDRESS, CITY, STATE, ZIP CODE 410 LIBERTY BICKNELL, IN 47512

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS This visit was for a post-certification revisit (PCR) survey to the PCR to the investigation of complaint #IN00101309 completed on 2/13/12. This visit was in conjunction with a PCR to the pre-determined full recertification and state licensure survey completed on 2/13/12. Complaint #IN00101309: Corrected. Dates of survey: 3/26 and 3/27/12 Facility Number: 001182 AIM Number: 100249470 Provider Number: 15G623 Surveyor: Paula Chika, Medical Surveyor III-Team Leader Knox County Arc was found to be in compliance with 42 CFR Part 483, Subpart I and 460 IAC 9 in regard to the PCR to the PCR to the investigation of complaint #IN00101309. Quality Review completed 3/29/12 by Ruth Shackelford, Medical Surveyor III.	{W 000}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE